



Permit # _____

Check # _____

Fee Paid \$30.00

TOWN OF WESTFORD
BUILDING DEPARTMENT

55 Main Street
WESTFORD, MA 01886
(978) 692-5527 FAX (978) 692-9607

CHIMNEY PERMIT

Check One: ☐ New☐ Repair: Describe __________

Location _____

Owner Name _____

Address _____ Tel # _____

Installer Name _____ Lic. # _____

Address _____ Tel # _____

Chimney Material Type:

Masonry: Brick _____

CMU (block) _____

Metal All Fuel _____

Gas B Vent _____

Fuel: Solid _____

Oil _____

Gas _____

Number of Flues _____

Size of Flues _____

Signature of Owner or Authorized Representative

Approved/Disapproved by Building Commissioner _____**DATE ISSUED:** _____